

## Internal Medicine Coding Alert

### You Be the Coder: Saline Infusion

**Question:** The internist saw a Medicare patient who had very low blood pressure, so he had the nurse administer IV saline in the office. What else should I report to capture the time involved in administering the saline if it takes more than an hour?

Tennessee Subscriber

**Answer:** Because the patient had Medicare, you should **report J7040** (Infusion, normal saline solution, sterile [500 ml = 1 unit]) or J7050 (Infusion, normal saline solution, 250 cc) and G0345 (Intravenous infusion, hydration; initial, up to 1 hour). If the time extends for more than one hour, you would report G0346 (... each additional hour, up to eight [8] hours [list separately in addition to code for primary procedure]).

Also, if the internist provided a separate E/M service, you should submit it with modifier -25 (Significant, separately identifiable evaluation and management service by the same physician on the same day of the procedure or other service) in addition to G0345-G0346. For an E/M service provided on the same day, you do not need a different diagnosis.

**Snag:** Private payers may not follow Medicare's lead. Therefore, you would report the same HCPCS code for the saline supply but use 90780 (Intravenous infusion for therapy/diagnosis, administered by physician or under direct supervision of physician; up to one hour) for the first hour. If the time extends longer, you would use +90781 (... each additional hour, up to eight [8] hours [list separately in addition to code for primary procedure]). If the internist provided a separate E/M service, you would also apply modifier -25 to the E/M code in addition to billing 90780-90781.

**Remember:** The internist does not need to be in constant attendance for the duration of the procedure; he just needs to provide direct supervision after the equipment has been set up. In other words, his staff can personally supervise.